Rec 4 PGT/PTO 09 JUN 2005

	DECLA	RATION FOR "37 Page 1 of		10/53810	
COMBINED DECLAR	RATION FO			ATTORNEY'S DOCKET	
APPLICATION WITH	PU4964USw First Names Inventor:				
ALL DICATION WILLIA OWER OF ALLORIUS				POOLE	
				Complete if known:	
				App No.:	
() Declaration submitted with initial	filing or				
() Declaration submitted after initial	filing (surcharge re	quired 37CFR1.16(e))	Filing Date		
				Group Art Unit:	
As below named	d inventor. I hereb	by declare that:		. /	
My residence, post office	address and citize	enship are as stated l	below next to my name.		
I believe I am the origina (if plural names are listed entitled:	d below) of the sub	oject matter which is	ame is listed below) or an original, claimed and for which a patent is so	first and joint inventor sought on the invention	
			on in cent in this of the re-		
the specification of which	h (check only one	item below):			
[]is attached hereto. OR					
[x] was filed on	as Unit	ed States application	Serial No or PCT	International	
	CT/US03/39619 fi Tapplicable)	led <u>Dec. 12, 2003</u>	and was amended on (MM/DD/YY	YY)	
I hereby state that I have as amended by any amer			of the above-identified specification	on, including the claims,	
I acknowledge the duty t	o disclose informa	ntion which is mater	ial to patentability as defined in 37	CFR §1.56.	
inventor's certificate or 365(a) of States of America, listed below a certificate or of any PCT internati	any PCT internation of have also identification in the second second in the second second in the sec	onal application whi fied below, by chec aving a filing date b	§365(b) of any foreign applications ch designated at least one country cking the box, any foreign application effore that of the application on whi	other than the United on for patent or inventor's	
PRIOR FOREIGN AND ANY		Country	Foreign Filing Date	PRIORITY	
Prior Foreign Application Number (s)		Journa y	(MM/DD/YYYY))	CLAIMED	
1.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2.		· · · · · ·			
3.					
4.					
5.					
I hereby claim the benefit under	Γitle 35, United St	ates Code §119(e) o	f any United States provisional app	lication(s) listed below:	
Application No.		Filing l	Date (MM/DD/YYYY)		
1. 60/433,626		12/13/2002			
2					

DECLARATION FOR "371" APPLICATION Page 2 of 2

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ADDRESS

3

GlaxoSmithKline

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER PU4964USW

North Carolina 27709, US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

				STATUS (Check one)				
		PCT Parent Parent Filing (MM/DD/YY		TED	PENDING	ABANDONED		
prosecut	e this application an	: As a named inventor, I hereby appoint of to transact all business in the Patent and Customer Number 20462	the practitioners associated w	vith the C	Customer Numbers ith	provided below to		
Address	s all correspondence	ce and telephone calls to Customer N	Number 23347		Direct Telephone Calls to:			
	David J. Levy Corporate Intellect GlaxoSmithKline Five Moore Drive, 1	ual Property			Bonnie L. Deppenbrock 919-483-1577			
belief a	y declare that all st re believed to be to made are punishab	tatements made herein of my own known that these statements only by fine or imprisonment, or both, the application or any patent issuing	were made with the know under 18 U.S.C. 1001, and	ledge the	at willful false sta	tements and the		
) ₂	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	first given name Jennifer		SECOND GIVEN NAME Poole	/INITIAL		
	INVENTOR'S SIGNATURE	Signature Junny Le Poole Pic	kha		Date: 2/16/04			
0	RESIDENCE & CITIZENSHIP	Durhan N.C	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZEN US			
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Pa	rk	North Carolina			
0 2	FULL NAME OF INVE <u>NTOR</u>	FAMILY NAME AQUINO	FIRST GIVEN NAME Christopher		second given name Joseph	/INITIAL		
	INVENTOR'S SIGNATURE	Signature ones	1/2 in		Date: 2 · 16 · Z COUNTRY OF CITIZEN	004		
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5	INVENTOR'S	Signature	1/15			16,2004		
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	POST OFFICE	POST OFFICE ADDRESS'	CITY		STATE & ZIP CODE/CO	DUNTRY		

Research Triangle Park